

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER <i>E</i> 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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48						
49	1		1		1	
50		1		1		1
TOTAL IND.	1+4		1+5			
TOTAL DEP.	1+15		1+22			
TOTAL CLAIMS	21		29			

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IND.	1	/	/	
51				
52				
53	1		/	
54				
55	3		4	
56	3		3	
57	1		1	
58	1		1	
59	1		1	
60	1		1	
61	1		1	
62	3		6	
63	3		6	
64	1		1	
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99				
100				
TOTAL IND.	4		5	
TOTAL DEP.	15+		22	
TOTAL CLAIMS				